

TO: Interested Parties

FROM: James J. Hedden, Deputy Director  
Office of Boards & Council

DATE: October 8, 2003

SUBJECT: Office of Boards and Council Mailing Lists

Attached are the State Fiscal Year 2004 prorated duplicating and mailing fees for:

- State Health Planning Board
- Public Health Council
- Health Care Administration Board

The Department of Health and Senior Services charges a mailing list fee to parities interested in receiving information pertaining to the SHPB, PHC, and HCAB meetings. These fees are based on the statutory duplicating fees in effect in the Department.

If you are interested in receiving this material, please complete the attached form(s) and send a check in the appropriate amount, made payable to the **Treasurer, State of New Jersey** and mail to:

NJ Department of Health and Senior Services  
Office of Boards and Council  
South Warren and Market Streets  
PO Box 360 – Room 707F  
Trenton, New Jersey 08625-0360  
Attention: Alise F. Davis

Additional information can be located at the Office of Board and Council website, [www.state.nj.us/health/commiss/obc.htm](http://www.state.nj.us/health/commiss/obc.htm). If you have any questions please send an e-mail to [james.hedden@doh.state.nj.us](mailto:james.hedden@doh.state.nj.us).

Attachments

**Option #3** – For your convenience, you may obtain the agenda on the Department Internet Site [www.state.nj.us/health/commiss/htm](http://www.state.nj.us/health/commiss/htm) one week prior to the meeting date. Click on meeting schedule, then click on the date of the meeting and the agenda will appear. If you choose to have the notice and agenda mailed, see fee schedule below.

For State Fiscal Year 2004 the annual fees, are prorated monthly, are as follows:

### **HEALTH CARE ADMINISTRATION BOARD**

<u><b>Length of Subscription</b></u>	<u><b>OPTION # 1</b></u> <b>(Notice/Agenda/Trans/ &amp; All Agenda Info</b>	<u><b>OPTION #2</b></u> <b>(Notice/Agenda/ Transcript</b>	<u><b>OPTION #3</b></u> <b>(Notice/Agenda)</b>
July 2003 – June 2004	\$551.50	\$150.10	\$35.20
August 2003 – June 2004	505.53	137.60	32.27
September 2003– June 2004	459.56	125.10	29.34
October 2003 – June 2004	413.59	112.60	26.41
November 2003 – June 2004	367.62	100.10	23.48
December 2003 – June 2004	321.65	87.60	20.55
January 2004 – June 2004	275.68	75.10	17.62
February 2004 – June 2004	229.71	62.60	14.69
March 2004 – June 2004	183.74	50.10	11.76
April 2004 – June 2004	137.77	37.60	8.83
May 2004 – June 2004	91.80	25.10	5.90
June 2004 – June 2004	45.97	12.50	2.97

Complete the information below:

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

Please make checks payable to **Treasurer, State of New Jersey** and mail with completed forms to:

New Jersey Department of Health & Senior Services  
 Office of Boards & Council  
 South Warren & Market Streets  
 PO Box 360 – Room 801  
 Trenton, New Jersey 08625-0360  
 Attention: Alise F. Davis